

Behavioral Problem Solving of Caregivers for Children Age 3 to 5 Years in Childcare Centers under Local Administrative Organization

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Abstract

The purpose of this research was to study behavioral problems of 3-5 years old children and the successful solutions that caregivers used in childcare centers under Local Administrative Organization. The samples were 4,147 caregivers. The research instrument used in this study was a questionnaire concerning children behavioral problems and solutions of caregivers. Content analysis and percentage were used to analyze the data.

The research findings were as follows:

1. Children behavioral problems found in classroom could be categorized into 6 groups. The highest frequency of the behavioral problems found in each group were: (1) being aggressive 24.31%; (2) making a loud noise 56.46%; (3) throwing objects 27.72%; (4) being addicted to baby bottle 20.22%; (5) refusing to take a nap 35.57%; and (6) refusing to have lunch 31.83%.
2. Solutions that caregivers used successfully could also be categorized into 6 groups. The highest frequency solutions in each group were: (1) setting rules, asking for cooperation and praising them for appropriate performance 27.27%; (2) speaking with them softly 53.74%; (3) no suggestions in dealing with this group of behavioral problems; (4) asking children to leave their bottles with the caregivers 16.94%; (5) encouraging all of them to sleep during nap time 31.40%; and (6) explaining them the results of not eating and complementing those who eat 23.51%.

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Solutions that caregivers mostly used in each sub-group as mentioned were: setting rules, encouraging and praising them when they perform; telling a story concerning the incident; separating the children from the circumstances; reminding and explaining them what was inappropriate; and setting helpful activities for them to join with.

Keywords: *Behavioral Problem Solving, Childcare center, Local administrative Organization*

Introduction

Working successfully with pre-school children depends on teacher's ability in classroom management; that is to make the classroom to be an ideal place for children. The physical environment of the classroom has direct impact on the children behavior when they get together or work with friends (Eliaison and Jenkins, 1981; Hipple, 1986; Fuhr, 1993; Ministry of Education, 1998; Essa, 1999; Bhulpat, 2005). The inappropriate classroom environment comes the inappropriate behaviors of children. This causes frustration among those who work with children and then decide to turnover.

Kauchak and Eggen (1998) pointed out that frustration among student teachers, teachers in the first year of their work and some experienced teachers was caused by their uncertainty to cope with children's behavioral problems. Furthermore, protecting children from disorder and disruptive behaviors concurrently with managing learning activities have put pressure on teachers until they decided to turnover. About 40 percent of the teachers left their jobs within the first 3 years because they felt that they could not cope with children's behavioral problems.

Children's inappropriate behaviors are the main problems in classroom since it disrupted others learning and has impact on both themselves and others' feeling, health and safety (Woody, 1969; Smallwood, 2003; Srithongsuk, 2004).

Puranachote (1995) studied behavioral problems of the pre-school children in Bangkok and found that there were 2 groups of social behavioral problem:

1. Verbal Expression: This kind of problem occurs in the form of speaking loudly or shouting with indecent words, pessimist speaking, answering not right to the question and dare not speak.
2. Acting Expression. This kind of problem occurs in the form of hurting other children, crying very often, being abnormally naughty, being autism, being egocentric, and taking home other children belonging.

Srithongsuk (2004) reported that behavioral problems that mostly found were hurting other children and paying no attention to learn. Essa (1999) categorized behavior problems into 6 groups i.e. aggressive and antisocial behaviors, disruptive behaviors, destructive behaviors, emotional and dependant behaviors, participation in social and school activities behaviors and eating behaviors.

In addition, Essa (1999) also proposed 4 important theories for solving behavioral problems of the children.

- 1) Behavioral Theory. This theory proposes the way to point out children's behavioral problems, sets criteria to observe and give reinforcement objectively for the appropriate behaviors such as giving role model, ignoring and using time out.
- 2) Psychoanalytic Theory. This theory emphasizes careful consideration of the behavioral problems. This theory mainly concern on freedom of child development at this age, which may not be congruent with the classroom expectation. So the advice is to explain and watch behavior positively.
- 3) Humanistic Theory. This theory emphasizes on attentively listening to the children, planning carefully and solving the behavior problems with respect to the children.
- 4) Cognitive Theory. This theory emphasizes on moral development and inductive reasoning concerned on the impact of the behaviors that cause problems to others and on developing appropriate behaviors. What to keep in mind is that children are needed to develop their self-discipline.

Morison (1998) proposed 8 practical approaches which are: 1) helping children to solve problems 2) helping children to be problem solvers 3) guiding children toward developing self-control 4) encouraging children to be independent 5) helping

children to meet their emotional and intellectual needs 6) establishing expectations for children 7) organizing appropriate behaviors and arrange environment so self-discipline can occur and 8) changing the behavior when necessary. These 8 approaches allow children to practice until they can develop and shape up their behaviors. Finally, they can control themselves and become good-manners children.

The implementation of the 1999 National Education Act has continuously intensified the education reform at every educational level. Consequently, the Local Administrative Organization became one of the main organizations that have main responsibility in providing preschool children education. Childcare centers, then, become one of the educational organizations that take main responsibility in taking care of and educating pre-school children by using caregivers.

According to the Bureau of Local Educational Development and Co-ordination in 2005, there were 17,000 childcare centers with 674,727 children and 37,346 caregivers under the supervision of Local Administrative Organization. Some of these childcare centers were transferred from other sections of governmental organizations, and others are originally founded by Local Administrative Organization. This means that pre-primary education is mostly under the supervision of Local Administrative Organization. Regarding primary information, caregivers' educations are varies from Grade 9 to Bachelor's degree and most of them have no educational background in early childhood education. They gained knowledge and skills from in-service training or by self study.

In the mean time, it is widely acknowledged that there is widespread violence in our society together with disobedience of rules and laws. These cause immoral society and lack of role model for children. What to keep in mind is how to give a good care for children from the beginning. Those who work with pre-school children need to aware that this is a vital period for children to learn social values and manners. This depends on the right ways in childcare; especially to make children having decent behaviors. Therefore, good, appropriate and effective solutions for children's behavioral problems are in needed.

In Thailand, care giving and educating pre-school children are mostly under the responsibility of the caregivers. This led to the interest of the researcher to find out

what kind of behavioral problems they have been facing and the solutions they have used successfully while working as the caregivers under the supervision of Local Administrative Organization. Wishfully, the findings of this study would be of any help for caregivers and those who concern with shaping appropriate behaviors of the young children.

Purpose

The purpose of this study was to investigate behavioral problems of 3 to 5 years old children and the solutions used successfully by the caregivers in childcare centers of the Local Administrative Organization.

Procedures

This study was a survey research and the research methods were as follow:

Samples

The samples of this study were 4,147 caregivers of Local Administrative Organization who took part in the 112 training programs from November 21st, 2005 to August 26th, 2006.

Research Instrument

The research instrument was a questionnaire obtaining information concerning children behavioral problems and the solutions used successfully to solve them. The questionnaire was composed of checklists and open-end questions framed by the conceptual framework of this research, which was analyzed by 3 experts. The questionnaire was divided into 3 parts as follows:

Part 1. Demographic Data of the respondent.

Part 2. 1-10 identifications of the behavioral problems of the children at the age of 3 to 5 as seen by the caregivers while working in the childcare centers.

Part 3. Identification of a selected behavioral problem (from Part 2) and identification of the successful solutions.

Data Collection

The questionnaires were collected from caregivers by researcher in November 21st, 2005 to August 26th, 2006. All 4,147 questionnaires were returned and 3,724 (89.80%) were completed to be analyzed.

Data Analysis

The content analysis was used to classify the behavioral problems into 6 groups (Essa, 1999) which were; 1) aggressive and antisocial behaviors, 2) disruptive behaviors 3) destructive behaviors, 4) emotional and dependent behaviors, 5) participation in social and school activities behaviors, and 6) eating behaviors. The percentage was used to analyze the data from each group of behaviors and the solutions used to solve them successfully and demographic data of the respondents.

Results

The result of this study on Behavioral Problem Solving of Caregivers for Children Age 3 to 5 Years in Childcare Centers under Local Administrative Organization were reported in 3 parts:

Part 1. From demographic data it was found that 40.8% of the caregivers have bachelor degree, 29.3% finished Grade 12, 15.8% have certificate or equivalent, 11.3% are continuing their education, 2.3% finished Grade 9 and 0.6% have finished under Grade 9. The interesting information was 94.7% gaining early childhood education knowledge from training programs, 44% from self study, 28.7% from Teacher Training Colleges and 13.6% from other means.

Part 2. From data analysis concerning 6 groups of children behavioral problems,

it was found that:

Group 1. Aggressive and antisocial behaviors. There were being aggressive 24.31%, bullying 18.41%, snatching 13.50%, annoying 12.16%, stealing 8.89%, using rude words 7.78%, playing violently 4.64%, quarrelling 3.29%, being possessive 2.46%, not sharing 1.65%, being naughty 1.52%, telling a lie 0.72%, wanting friends' belongings 0.42% and hurting oneself 0.24%.

Group 2. Disruptive behaviors. There were making a loud noise 56.46%, being restless 15.00%, being disorder while changing activities 9.96%, running in the classroom 6.15%, leaving the classroom 4.92%, climbing 4.18%, chatting while learning 2.34%, interrupting caregivers 0.62% and playing dangerously 0.37%.

Group 3. Destructive behaviors. There were throwing objects 27.72%, destroying objects 25.44%, tearing paper 19.80%, writing on the wall, floor and table 13.16%, writing on friends books 11.40%, tearing books 2.63%, throwing objects out of the windows 1.75%, dismantling 1.75% and tearing wallpaper and paper on board 1.74%.

Group 4. Emotional and dependent behaviors. There were being addicted to baby bottle 20.22%, being addicted to cloth 14.74%, thumb sucking 12.95%, crying and refusing to go to school 10.93%, being unable to control defecation 7.03%, playing with sex organ 6.39%, being addicted to a doll 5.06%, crying 3.95%, being addicted to a pillow 3.37%, being addicted to caregivers 2.34%, always taking one own will 1.88%, lacking self-confidence 1.83%, being introverted 1.79%, being addicted to the bag 1.41%, being addicted to their parents 1.27%, lacking self-reliance 1.06%, accusing theirs friends being guilty all the time 1.02%, nail biting 0.63%, calling attention 0.54%, playing with body organs 0.37%, imitating (T.V. stars, other persons) 0.35%, being shy 0.24%, being addicted to friends 0.09%, being afraid of strangers 0.08%, being impatient to wait 0.06%, stamping their feet 0.06%, being down 0.05%, being addicted to shoes 0.05%, being envious 0.05%, being too emotional 0.04%, having difficult self-adjustment 0.04% and having toilet phobia 0.03%.

Group 5. Participation in social and school activities behaviors. There were refusing to take a nap 35.57%, being shy to show 13.45%, not participating in activities 7.68%, not keeping objects in place 7.26%, playing alone 6.94%, being

unable to help themselves 6.51%, having short attention 4.02%, not wanting to speaking while doing the activity 2.85%, being disinterested in learning 3.17%, not going to the toilet 2.99%, not telling when wanting to defecate 2.77%, refusing to go into the classroom 1.67%, not brushing the teeth 1.67%, not leaving garbage in the bin 1.10%, not having discipline 1.03%, eating candy in the classroom 0.75%, being irresponsible 0.50%, being unable to get along with friends 0.14%, and wearing no shoes 0.04%.

Group 6. Eating behaviors. There were refusing to have lunch 31.83%, not drinking milk 26.35%, not eating vegetables 19.39%, selecting food to eat 8.41%, refusing to drink plain milk 5.89%, keeping rice in mouth 4.43%, eating junk foods 2.13%, not eating fruit 0.78%, being addicted to toffee 0.39%, not eating meat 0.22%, being addicted to ice cream 0.06%, being addicted to syrup 0.06% and not eating eggs 0.06%.

Part 3. From the study of the solutions used by the caregivers to solve the 6 groups of behavioral problems, it was found that:

Group 1. Aggressive and antisocial behaviors

1.1. Being aggressive (from 330 caregivers)

Setting rules, asking for cooperation and praising them for appropriate performance (27.27%), talking and trying to make the children work with friends or telling a story (24.24%), speaking tenderly or using reasons (23.30%), telling the children they may not have friends (16.67%), and letting the children be the caregiver's helpers (4.55%).

1.2. Bullying (from 534 caregivers)

Having the children to be the caregiver's helpers for pouring powder, giving straws to their friends (17.42%), telling the children that it is hurt to be bitten and telling them not to bite anyone any more (14.61%), telling the children that biting will hurt their friends and they will have no friends (10.49%), letting the children be the leader in doing activity or praising them frequently (9.93%), and talking tenderly with the children and telling them that bullying friends is bad (9.16%).

1.3. Snatching (from 341 caregivers)

Talking positively with the children and making an agreement (28.74%), letting the children have the interchanging role play (21.70%), bringing other toys for the children and making them learn how to wait (12.61%), letting the children exchange toys (12.02%), and bringing out the toy from the children who are fighting (11.14%).

1.4. Stealing (from 169 caregivers)

Telling the children to inform the caregivers if they want something and telling them that taking others' belongings is not good (39.64%), telling the story or talking about the sin of stealing and making an agreement (28.99%), telling the children if they steal other's belongings, they will not have friends and toys to play with (16.57%), telling the children that stealing is not good and they will be arrested by the police (7.69%), and telling the children that everyone loves their own things, they will be sad if their things are stolen and their friends will be sad too (2.96%).

1.5. Using rude words (from 225 caregivers)

Telling the story of Thai etiquette and arranging role play (64.45%), caregivers' acting as model (15.56%), telling the children that the monster will go into their mouth and eat their stomach if they use rude words (8.89%), telling the story that helps enhancing a good habit, telling the children to speak properly and praising them (4.44%), and not letting their friends play and talk with them if they use rude words (2.22%).

Group 2. Disruptive behaviors

2.1. Making a loud noise (from 147 caregivers)

Speaking with them softly (53.74%), letting the children shout then the caregivers talk with them softly (32.66%), giving special attention to the children and telling them to see other friends as model (10.20%), letting the children work in groups and telling them the noisy group will not be permitted to play (2.04%), and telling story or telling the children that if they make a loud noise the flies will go into their mouths (0.68%).

2.2. Being restless (from 297 caregivers)

Letting the children sit near the caregivers or letting them be the leader in doing activity (35.02%), letting the children be the caregiver's helpers (29.96%), letting the children do activities all the time (18.86%), and providing the activities that the children like to do (16.16%).

2.3. Leaving the classroom (from 7 caregivers)

2.3.1 Letting the children sit beside the caregivers, calling their name frequently or telling the other children to keep an eye on them (100%).

Group 3: Destructive behaviors

No suggestion in dealing with the behavioral problems.

Group 4: Emotional and dependent behaviors

4.1. Being addicted to baby bottle (from 1,216 caregivers)

Asking the children to leave the bottle with the caregivers while being at school (16.94%), hiding the bottles and telling the children that their mothers forget the bottles and telling them to use the straws instead (14.31%), telling the children that sucking milk causes the teeth decayed and not beautiful (12.58%), letting the children see the other children and telling them no one uses the baby bottles (11.02%), and talking with the children about the older children do not use the baby bottles and praising those who can stop sucking the baby bottles (9.46%).

4.2. Being attached to cloth (from 495 caregivers)

Telling the children to leave the cloths with the caregivers and find something for them to play instead (35.56%), telling the children that the cloths are dirty and put them aside (22.22%), waiting until the children take a nap and taking the cloths away (17.17%), telling the children that the cloths have a bad smell and asking them to wash (11.11%), and putting the cloths in the children's bag while they are taking a nap (9.09%).

4.3. Thumb sucking (from 272 caregivers)

Asking for the children to do the activities to avert the children's attention (13.60%), trying to keep the children busy with works (12.13%), warning the children every time the caregivers see them sucking their thumbs (11.03%), telling the story about the worms in the nails and warning them frequently (9.93%), and telling the children that thumbs will not be beautiful (9.56%).

4.4. Crying and refusing to go to school (from 149 caregivers)

Consoling the children and giving toys for them to play with (28.86%), having the funny activities for the children such as a ribbon movement, playing in the playground etc. (17.45%), consoling the children and asking friends to play with them (16.11%), hugging and consoling the children, letting their mothers stay with them or asking friends to play with them (12.75%), and acting as if the mothers go to buy something and leave the children with the caregivers and coming to see them at noon and taking them home. This has to be done within 1 week (9.40%).

4.5. Being unable to control defecation (from 411 caregivers)

Warning the children frequently and taking them to the toilet (25.55%), taking the children to the toilet before and after taking a nap (23.60%), telling the children to go to the toilet frequently (16.55%), observing the children whether they need to go to the toilet (15.09%), and training them to go to the toilet (10.46%).

4.6. Playing with sex organ (from 333 caregivers)

Letting the children sleep near the caregivers or trying to divert their attention (28.54%), trying to keep the children busy with works (21.62%), keeping a close watch (16.52%), letting the children sleep with face up (14.41%), and letting the children stay close to the caregivers and guiding them to work such as drawing or painting (9.31%).

Group 5: Participation in social and school activities

5.1. Refusing to take a nap (from 363 caregivers)

Encouraging the children to sleep while watching the others sleeping during the nap time (31.40%), luring the children to sleep (27.27%), letting the children sit on their sleeping sheets (12.40%), letting the children mediate before getting a nap (11.84%), and letting the children help the caregivers (7.71%).

5.2. Shying to express themselves (from 287 caregivers)

Letting the children help the caregivers frequently or having the activities that the children can participate and praising them (33.10%), talking and encouraging them to do the activities (30.31%), letting the children imitate the caregivers act or encouraging them to speak after the caregivers (11.85%), letting the children who love showing to act as a model and giving them a reward and then let the children try to do the same as the model (11.15%), and having the activities that the children dare to act out or telling stories and asking questions (8.71%).

5.3. Not participating in activities (from 160 caregivers)

Trying to be familiar with the children, having good and interesting activities and letting friends ask the children to participate in the activities (39.38%), trying to find out what activities the children like and letting them do that kind of activity (23.73%), trying to find out what activities the children like and making them flexible and relaxing for the children (3.75%). letting friends participate in the activities (9.38%), and letting the children be the leader in the activities and other children give them an applause (7.50%).

5.4. Not keeping things in place (from 237 caregivers)

Telling the story about keeping things in place, or using a song about it and praising the children when they keep their things in place (35.02%), telling the children if they don't keep their things in place, they will be lost (16.46%), advising and making an agreement about how to keep things in place (10.13%), telling the children that their things will be put in the bin if they don't keep them in place

(10.13%), and telling the children that they cannot go to play if they don't keep their things in place (8.02%).

5.5. Playing alone (from 236 caregivers)

Trying to be familiar with the children and afterward bringing them to play with friends (41.10%), having the activities the children like and letting them do the activities with friends (31.78%), putting the snack into the plate and letting the children eat together with friends (18.23%), letting the children have many activities and play with their friends frequently (8.05%), and telling the story with the children as a main character and talking with them frequently and tenderly (0.42%).

5.6. Being unable to help themselves (from 102 caregivers)

Praising the children when they can help themselves (46.08%), Letting the children study from their friends and telling them to do while the caregivers giving advice and praise. Letting the children help friends sometime (43.14%), and the caregivers help the children first then help their friends, after that letting the children help themselves and the caregivers give praise (10.78%).

5.7. Having short attention (from 273 caregivers)

Letting the children alternately play freely and do the activities with time limit (42.12%), changing activities frequently and trying to use movement activities (38.83%), and having the movement activities by using various parts of the body (14.29%), making and using various kinds of teaching materials and teaching solutions (2.93%) and having the children making beads and meditating (1.83%).

Group 6: Eating behaviors

6.1. Refusing to have lunch (from 268 caregivers)

Telling them the effects of not eating and praising them if they do (23.51%), encouraging the children to eat by telling their friends to praise them (23.13%), letting the children eat food with their friends (13.81%), finding someone to eat with the children such as the caregivers or older children (7.84%), and telling the children

if they eat, they will grow up and can have the occupation they want to be (5.97%).

6.2. Not drinking milk (from 130 caregivers)

Telling the story about the usefulness of milk and letting the children taste the milk (76.15%), having the children compete drinking milk with the caregivers, the one who can drink all the milk first is the winner, and friends giving them an applause (13.85%), asking the parents to reduce the amount of milk given to the children (7.69%), and having a running race after drinking milk, telling them the loser is the one who drinks little milk (2.31%).

6.3. Not eating vegetables (from 320 caregivers)

Telling the children about the usefulness of vegetables (22.50%), making fried vegetables for the children to taste and praising them (20.31%), telling the story of a girl who did not eat vegetable and talking about the usefulness of vegetables (17.50%), cutting vegetables into small pieces and singing a song to persuade the children to eat (9.68%), and letting the children taste vegetables and praising them (7.19%).

6.4. Refusing to drink plain milk (from 729 caregivers)

Adding red syrup in the milk and gradually reducing its amount, praising the children when they drink and telling the parents to do the same at home (24.42%), adding sugar in the milk, gradually reducing its amount and talking about the usefulness of milk (14.40%), telling the story about the usefulness of milk, letting the children drink just a little amount of milk and gradually increasing the amount (13.17%), letting the children try to drink a little amount of milk and telling them that they will be strong (11.39%), and letting the children see the caregivers and friends drinking milk, act as if the milk is very delicious. Asking the children to drink milk and praising them (8.78%).

6.5. Keeping rice in mouth (from 68 caregivers)

Telling the children that keeping rice in their mouth will make their teeth

decayed (98.53%), and telling the children if they keep the rice in their mouth, the wind will get into their stomach, and they will be fat like the pig monster (1.47%).

Conclusion

Solving the behavior problems is the daily routine in working with children. But whether the problems are temporarily or permanently solved depending on the caregivers' working procedure with parents and children. From the study of behavioral problems solving, it was found that the first 5 behavioral problems in the 6 groups of behavior are:

Group1, being aggressive, bullying friends (bite, hit, pinch), snatching (toy, candy, foods), annoying friend and stealing (food, candy, toy).

Group 2, being noisy, being restless, being disorder while changing activity, running in the classroom and leaving the classroom.

Group 3, throwing objects, destroying, tearing paper, writing on the wall, floor and table and writing on the friends' books.

Group 4, being addicted to baby bottle, being addicted to cloth, thumb sucking, crying and refusing to go to school and being unable to control defecation.

Group 5, refusing to take a nap, being shy to show, not participating in the activities, not keeping objects in place and playing alone.

Group6, refusing to have lunch, not drinking milk, not eating vegetables, selecting food to eat and refusing to drink plain milk.

These behavioral problems found by the caregivers in the childcare centers are universal and congruent with the groups of behaviors as indicated by Essa (1999). In addition, they are congruent with the study of Puranachote (1995) about the behavioral problems of the pre-school children as perceived by the teacher in Bangkok and the study of Srithongsuk (2004) which found that the most acute behavioral problem that the teachers found was hurting people, and the least one was not being interested in learning.

The solutions that mostly used by caregivers in each sub-groups were: setting rules; encouraging and praising them when they perform; telling a story concerning

the incident; separating the children from the circumstances; reminding and explaining them what was inappropriate; and setting helpful activities for them to join with.

Those indicated solutions are the same as those found by Puranachote (1995) and congruent with Srithongsuk (2004). It was found that solutions used mostly by the teachers in Bangkok were telling the children of the bad result of what they had done and made long term planning to solve the problems; and also partly congruent with Prai-in (1999), which found that the solutions the teachers used mostly were giving praise and making interesting activities.

The Ministry of Education (1998) has presented the solutions mostly used by teachers are universal and suitable: giving complement and encouragement, which can be used effectively with the young children. Morrison (1998) presented the method for adult to use by giving the positive advice to the children which in accordance with the solutions the caregivers used: separating the children from the incident and bringing them to the quiet place.

When considering the result of the study for more detail, it was found that there are so many behavioral problems of the children, and all solutions used were appropriate. In addition, they are congruent with the proposition of many scholars and those important theories: Behavioral Theory, Psychoanalytic Theory, Humanistic Theory and Cognitive Theory. But no caregiver proposed the way to solve the destructive behavior successfully. Furthermore, some false solutions such as threatening, building bravery and telling awful stories, should be omitted. It is recommended that those who are concern with child care should develop their knowledge and skills in classroom management, learn how to take care of children behavior properly and build their self-discipline. These will bring happiness for both children and caregivers and are meaningful for those responsible in establishing policy for personal development.

Each child has his own individuality, that means it is challenging for those who work with children to discover children's identity and rear with them appropriately. Most of children's needs are very much in common. Therefore, caregivers must understand, love and endure them when solving behavioral problems. When behavioral problems arise, it is important to find out their actual causes and carefully

plan the solutions precisely. What to keep in mind is that the basic needs of the children are love, respect, appreciation and good caring. These needs have to be followed by well-planned teaching and care (Eliason and Jenkins, 1981).

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